## FORM 20

Name:	
DOB:	
Age:	
Gender:	
Address:	
Email Id:	
Phone No	):
Father Na	me:
Mother Name:	

Bank Details	
Account No	o:
IFSC code	· ·
Branch name:	
Passbook:	
[photo copy]	
Birth Certif	icate:
[photo copy	y]

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Aadhar card:	
[photo copy]	
Ibuoro cobai	
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Pan card:		
[photo copy]		